## Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

58179

Application ID:

10708907

Title of Invention:

HIGH MOBILITY PLANE CMOS SOI

First Named Inventor:

**Brent Anderson** 

Domestic/Foreign Application:

**Domestic Application** 

Filing Date:

2004-03-31

**Effective Receipt Date:** 

2004-03-31

Submission Type:

**Utility Patent Filing** 

Filing Type:

new-utility

Confirmation number:

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Attorney Docket Number:

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Total Fees Authorized:

1496.0

Payment Category:

**Deposit Account** 

**Deposit Account Number:** 

90456

Deposit Account Name:

William D. Sabo

**RAM Payment Status:** 

RAM has not been processed

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Office,ou=Department of Commerce,o=U.S. Government,c=US

Certificate Message Digest: 087ff97948ef1b5689d8bd8c6e8811e042a76139

PATENT APPLICATION SERIAL NO.

## U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

03/31/2004 HDEMESS1 00000032 090456

01 FC:1001 02 FC:1201 03 FC:1202

770.00 DA 344.00 DA 342.00 DA

1 8 15 21 26 29 34

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10708907

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	<u>:</u>	CLAIMS A	S FILED - (Column	ımn 2)		SMALLE TYPE [	NTITY	OR	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			34		<b>,</b>			RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			34 mii	nus 20=	• 19			X\$ 9=		OR	X\$18=	342
INE	EPENDENT C	/ minus 3 = *			1		X43=		OR	X86=	344	
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=	<b> </b>	OR	+290=	<del>\( \  \  \  \  \  \  \  \  \  \  \  \  \</del>
* If the difference in column 1 is less than zero, enter "0" in column 2						ı	TOTAL	<u>.                                    </u>	OR	TOTAL		
CLAIMS AS AMENDED - PART II									<u> </u>	]	OTHER	THAN
		(Column 1)	(Column 2)			(Column 3)	. ·_	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** .	<u> </u>	=		X\$ 9=	-	OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MI	JETIPLE DEF	PENDENT	CLAIM		Ī	+145=		OR	+290=	
								TOTAL		ا م	TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE			ADDIT. FEE	•
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** .		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	f	X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=	
								TOTAL		OR	TOTAL	•
								DDIT. FEE		OR ,	ODIT. FEE	•
_	<u> </u>	(Column 1)		(Colum		(Column 3)		•		r		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	,	=	l	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							L	+145=		OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							IA.	TOTAL DDIT. FEE		OR A	TOTAL DDIT. FEE	
		mber Previously Paid ober Previously Paid					foun	d in the app	ropriate box			